Name in Full | Certificate of Death

Paul Anderson

Died at Town: Near Salisbury County: Wiconico MARYLAND

Date 1898 Month: Nov. Day: 10 Age Y. M. D. Native of: Maryland Occupation: Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Libby Anderson nee Pusey

Father's Name: Columbus Anderson Mother's Name: Anderson nee Harris

Cause of Death: Primary 22a How long sick: Several years

Immediate: Consumption Lungs ~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full

Certificate of Death

Katharine Brewington

Died at Town: Salisbury County: Wicomico MARYLAND

Date 189	Month / Day	Age Y. M. D.	Native of	Occupation
	Nov. 29	80		

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living Don't know

Husband / Wife of Don't know

Father's Name Harry Brewington Mother's Name Polly Brewington

Cause of Death — Primary: Don't know — How long sick

Immediate: Don't know — Accident, Suicide, Homicide

Reported by Geo. Le Hill 161

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. No Doctor

of

Information contained in this certificate received from friends

of

Name in Full | Certificate of Death

Marcellus Hearn

Died at Town: Bauen Creek County: Wicomico MARYLAND

Date 189 8 Month: Nov. Day: 9 | Age Y. M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name 142a

Cause of Death: Primary Laudanum | How long sick

Immediate | ~~Accident~~, Suicide, ~~Homicide~~

Reported by Wicomico News. Nov. 17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

+ Mr. Cooper Replied undertaker Maidela Mardela Dec. B
Did not ~~[illegible]~~ change of funeral

Marvel, Undertaker, Delmar, Md.

1-3

Name in Full

Certificate of Death

Walter D. Henry

Died at Town Salisbury County Wicomico MARYLAND

Date 189 8 Month Nov. Day 28 Age Y. 0 M. 4 D. 12 Native of Md. Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John M. Henry Mother's Name Sarah

Cause of Death Primary Pneumonia 72 How long sick week

Immediate Apnoea Accident, Suicide, Homicide

Reported by Edwin M. Hasbrouck

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full

Certificate of Death

Lucien S. Hudson

Town

Died at Salisbury

County

Wicomico

MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	11	22	8			Md.	

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Wm Hudson

Mother's Name Annie Hudson

Cause of Death — Primary: Pneumonitis 72 — How long sick: 8 days

Cause of Death — Immediate: Apnoea

Accident, Suicide, Homicide

Reported by Edwin Justabrook

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full Chas. H. Knowles

Certificate of Death

Died at Town near Sharptown County Wicomico MARYLAND

Date 189 8 Month 11 Day 25 Age Y. 21 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Lemuel S. Knowles Mother's Name Martha E. —

Cause of Death Primary Accidentally shot himself How long sick

Immediate 145 a Accident, Suicide, Homicide

Reported by Salisbury Advertiser 12-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. Mr. Laggard, Laurel Del.
Taylor Cemetery, Sharptown.

Name in Full

Thomas C. Knowles Jr.

Certificate of Death

Died at Town: Shapleum. County: Wicomico. MARYLAND

Date 189 Month: Aug. Day: 17 | Age Y. 35 M. D. | Native of | Occupation

Male ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name: Thomas C Knowles

Mother's Name

Cause of Death: Primary ~~Gunshot~~ 161

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Attendant.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

+ Rev. W. P. McFarlane, M. E. Ch.
Shorftown, Dec. 21

Name in Full | Certificete of Deeth

Samuel Phillips

Town | County

Died at Near Mardela Springs Md | MARYLAND

Date 1898 Month Nov. Day 22 | Age 63 Y. M. D. | Native of Md | Occupetion Farmer

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Fether's Name Frasia Phillips | Mother's Neme

Ceuse of Deeth { Primary Suicide 142 e | How long sick

Immediete | Accident, Suicide, Homicide

Reported by J. W. Cooper

Address Mardela Springs Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

P.C.I comm. 2 Physicians

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this

ceived from His wife

of Granada St. Jo. Mo.

Name in Full | Certificate of Death

Mrs. Mary Sirman

Died at in Nutters Dist, Wicomico (Town, County) MARYLAND

Date 1898 Month Nov. Day 29 | Age Y. 37 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of George Sirman

Father's Name Aaron Hill | Mother's Name Annie Hill

Cause of Death: Primary Supposed to be consumption | How long sick

Immediate consumption 229 | Accident, Suicide, Homicide

Reported by Geo. C. Hill

Address Salisbury Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. No Doctor

of

Information contained in this certificate received from Family

of Potters District

Name in Full

Certificate of Death

Sally A. Williams

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1898 Month Nov. Day 28 | Age Y. 70 M. 10 D. | Native of Wicomico Co. | Occupation Housekeeper.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name Samuel Williams

Mother's Name Margaret M. Williams 153

Cause of Death: Primary — General Debility — How long sick 2 months

Immediate — Grippe — ~~Accident Suicide, Homicide~~

Reported by T. H. Clemons M. D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Attended by Dr. J. M. Stevens
of Salisbury Md.

Information contained in this certificate received from S. J. Williams
of Salisbury Md.